Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9006B Permit #: 30007017 Tax Parcel #: 007-271-12

Property Owner: Joseph S & Crystal S Russell

Job Location Address: 14216 E Rocky River Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: December 1, 2014 Contractor Name: Blake Howard #4359

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: n/a gallons

Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ Varying feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 12 inches

Distribution Device: end caps

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >25 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: ≥100 feet

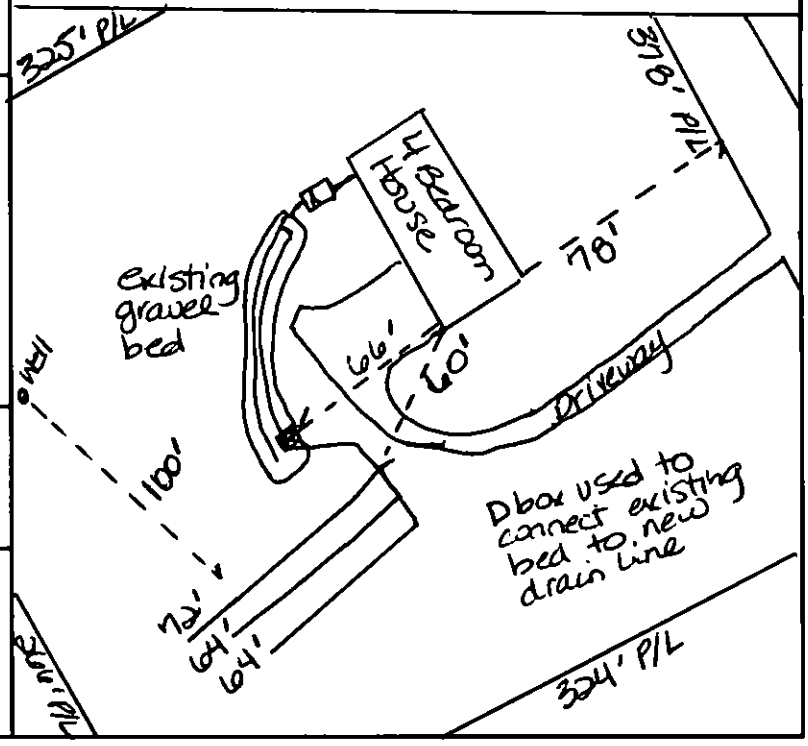
Inspection Dates

Tank(s) Inspected: n/a

Excavation Inspected: 12-1-2014

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☒ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg, IQ4W, gravity, n/a, n/a
(unable to locate pipes in bed, tied ~~sys~~ systems together with D-box

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 90006 B Permit #: 30007017 Tax Parcel #: 001-271-12

Property Owner: Joseph S & Crystal S Russell

Job Location Address: 14216 E Rocky River Rd

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ ~~No ☒~~

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: December 12, 2014

Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 900685 Permit #: 30007017 Tax Parcel #: 007-071-12

Property Owner: Joseph S Russell

Job Location Address: 14216 E Rocky River Rd

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: December 1, 2014

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.
***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD
Site LTAR: .13 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: existing gallons
Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A
Trench Depth: 30 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 200 feet
# of Lines: 3 @ 67 feet
Depth of Media: 12 inches (Type) 25% reduction
Distribution Device: D box or end cap

Bed Design *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: >25 feet
Distance from Property Line: >10 feet
Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g, gravity, tie into existing drainlines and over into new lines

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

FEE: 200.00
DATE:12/4/2014

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9006B

PERMIT NUMBER: 9006B

PARCEL NUMBER: 00727112

JOB LOCATION INFORMATION

ADDRESS: 14216 E ROCKY RIVER RD

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: Joseph S Russell

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 12/1/2014

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007017, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 8/27/2019

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30007017 GWS File #: 9006B Tax Parcel #: 007-271-12

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/27/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1156 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Kim Garrett Owner/Legal Agent: Joseph Scott Russell

Signature: Kim Garrett, REHS Signature: Joseph Scott Russell

Print Name

Date Issued: 8/27/2014

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30007017 GWS File #: 9006B

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

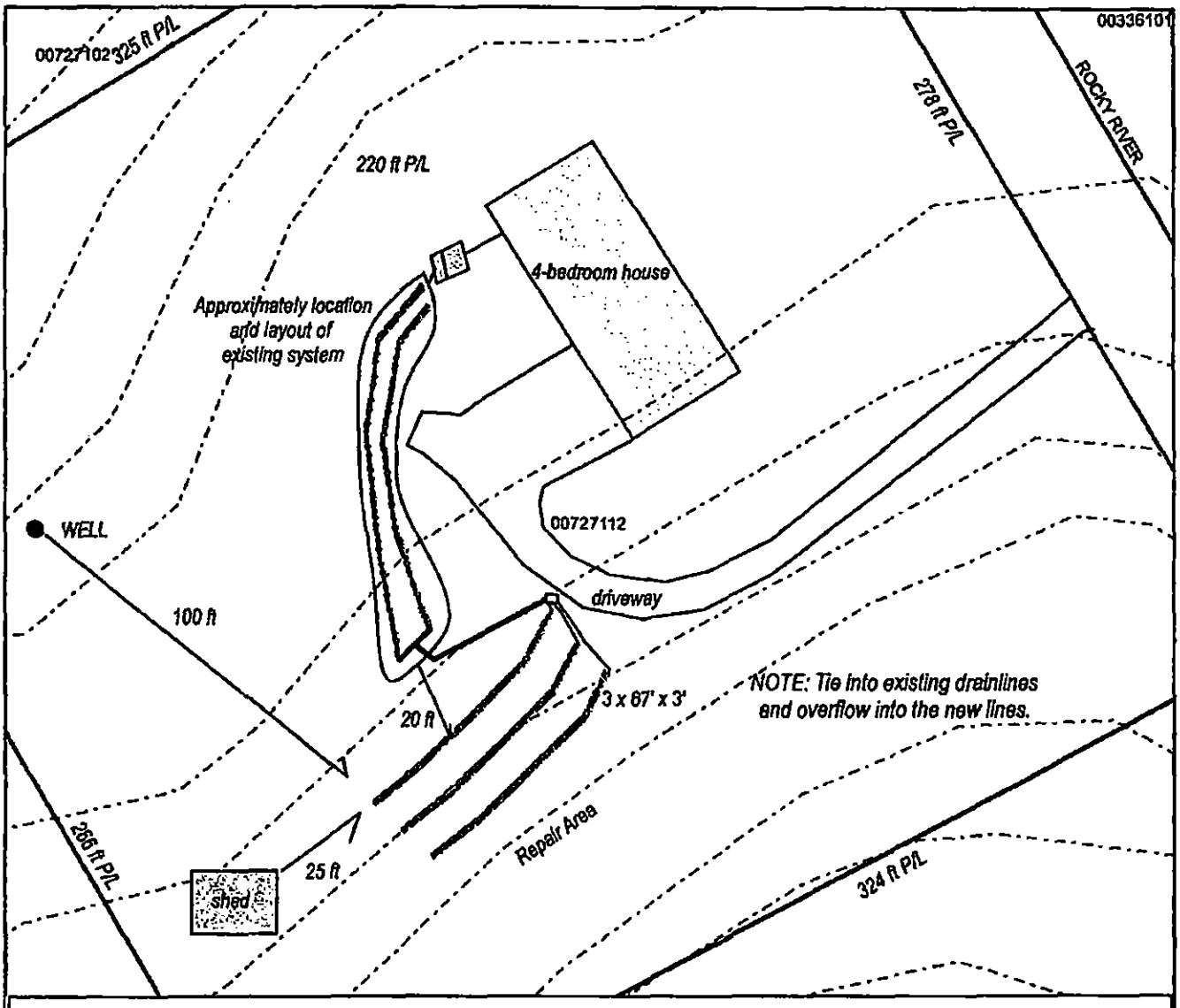
DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett REHS

Date Issued: 8/27/2014

Owner/Legal Agent: Joseph Scott Russell
Print Name

Signature: Joseph Scott Russell



Mecklenburg County Health Department
Environmental Health Division

ONSITE-WASTEWATER TREATMENT & DISPOSAL
Alteration Permit for Residential
PID # 007-271-12
14216 E. Rocky River Rd
Davidon, NC 28036

Permit # 30007017
File # 9006 B

Authorized Agent: Kim Jarrett, REHS

Owner/Legal Agent: Joseph Scott Russell

40 20 0 40 Feet

INSTALLATION NOTES:
4-bedroom house/480 gpd
0.3 LTAR
3 x 67 ft x 3 ft (201 ft)

max trench bottom 12 inches
1500 gallon ST (existing)
TYPE IIIg
Distribution box

Install according to all NC Rules & Regulations and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>25 ft from building foundations
>20 ft from other nitrification fields

N
W E
S

1 inch = 40 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007017** GWS File #: **9006B** Tax Parcel #: **007-271-12**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/27/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1156 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Kim Garrett Owner/Legal Agent:_____
Print Name

Signature: Kim Garrett, REHS Signature:_____

Date Issued: 8/27/2014

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007017** GWS File #: **9006B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

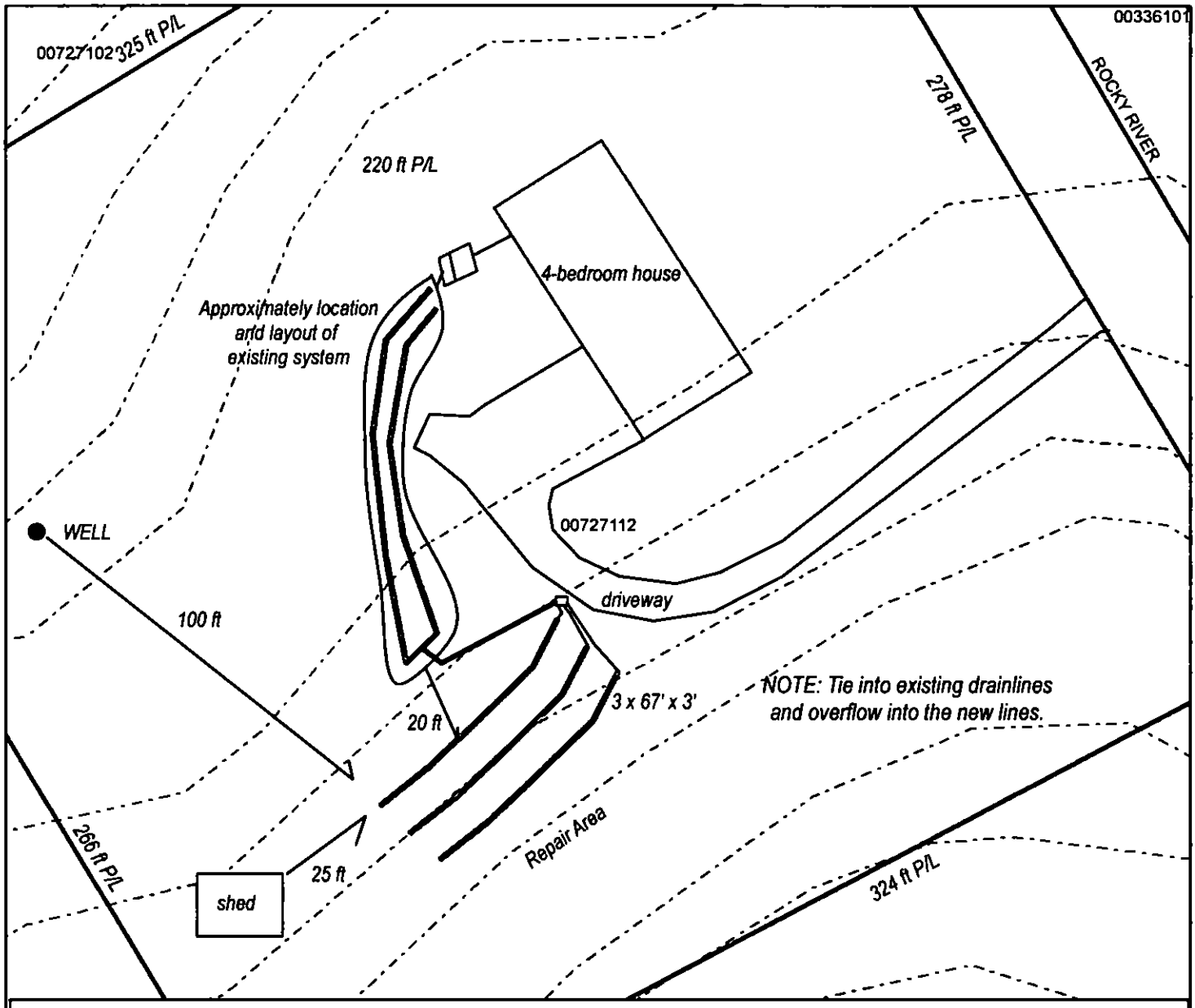
DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett REHS

Date Issued: 8/27/2014

Owner/Legal Agent: _____
Print Name

Signature: _____



Mecklenburg County Health Department
Environmental Health Division

ONSITE-WASTEWATER TREATMENT & DISPOSAL
Alteration Permit for Residential
PID # 007-271-12
14216 E. Rocky River Rd
Davidon, NC 28036

Permit # 30007017
File # 9006 B

Authorized Agent: Kim Jarrett, REHS

Owner/Legal Agent: _____

40 20 0 40 Feet

INSTALLATION NOTES:
4-bedroom house/480 gpd
0.3 LTAR
3 x 67 ft x 3 ft (201 ft)

max trench bottom 12 inches
1500 gallon ST (existing)
TYPE IIIg
Distribution box

Install according to all NC Rules & Regulations and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>25 ft from building foundations
>20 ft from other nitrification fields

N
W E
S

1 inch = 40 feet

9006B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7017

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION
FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ☒ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☒ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 6072712
STREET ADDRESS: 14216 East Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 2.048
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
☒ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☒ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 1156
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ☒ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☒ NO
WASTE STORAGE	○ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1974 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**
NAME: Joseph S. Russell
ADDRESS: 14216 East Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: 704-892-5131
MOBILE PHONE: 828-228-4045
FAX: _____
E-MAIL: Scrussell1026@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Joseph L. Russell
Property Owner's or Owner's Legal Representative Signature

8/25/2014
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 9006B

APPLICATION ID NUMBER ASSIGNED: 7017

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

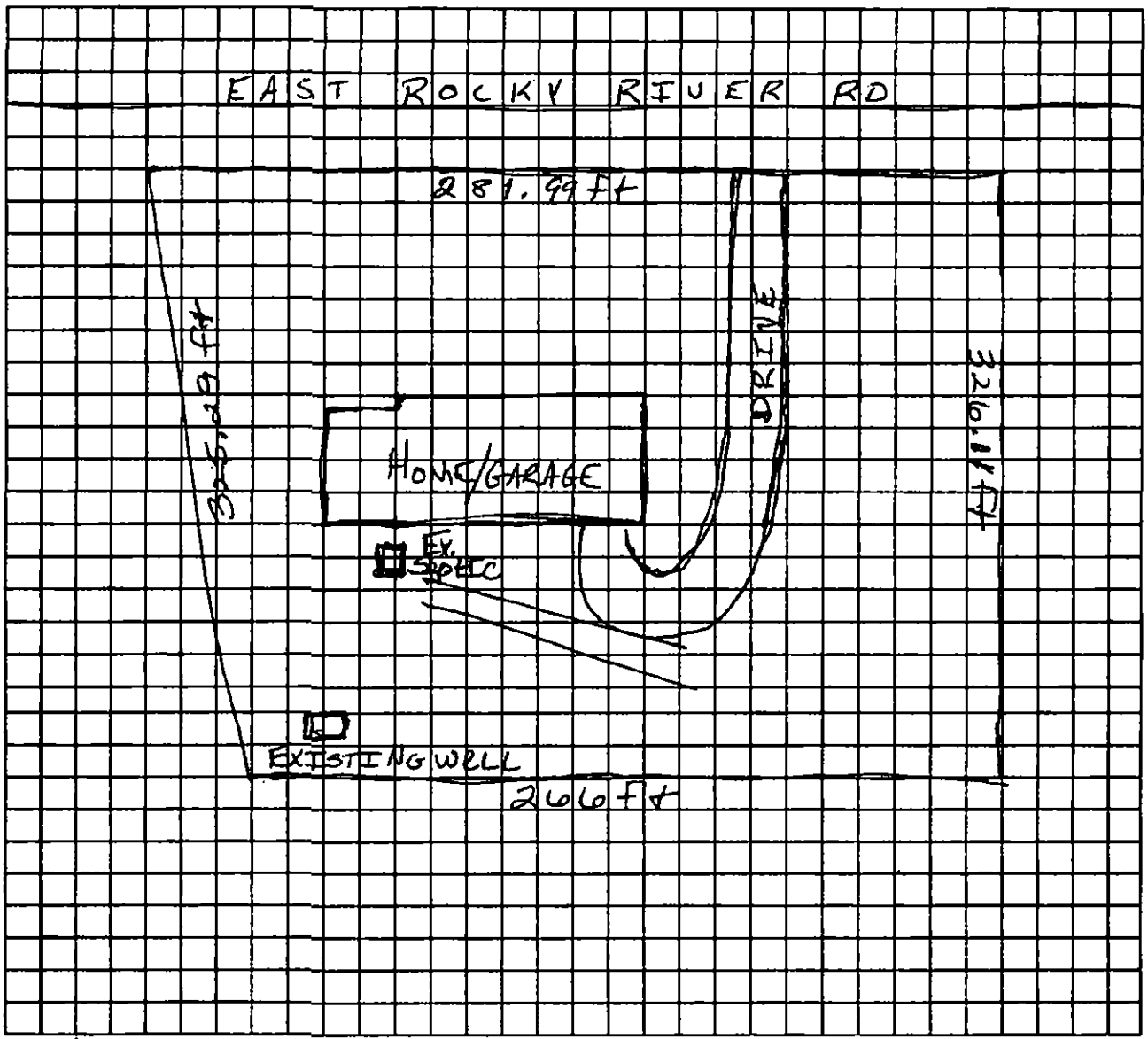
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14216 East Rocky River Rd. Tax Parcel #: 00727112

Subdivision Name: _____ Lot #: _____



Joseph L. Russell
Property Owner's or Owner's Legal Representative Signature

8/25/14
Date

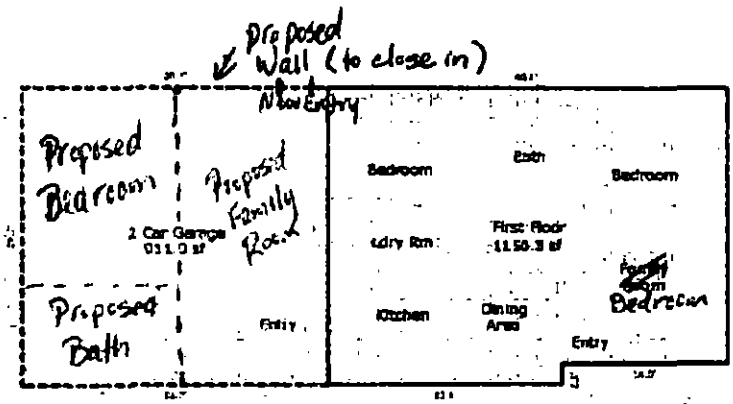
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Greencastle Real Estate Services
SKETCH ADDENDUM

File No. 1405291D
Loan # 367-2148660

Borrower Joseph and Crystal Russell
Property Address 14218 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive, Suite 200, Charlotte, NC 28210



Comments

AREA CALCULATIONS SUMMARY

Code	Description	Net Size	Net Totals
GLA1	First Floor	1156.32	1156.32
GAR	Garage	911.79	911.79

LIVING AREA BREAKDOWN

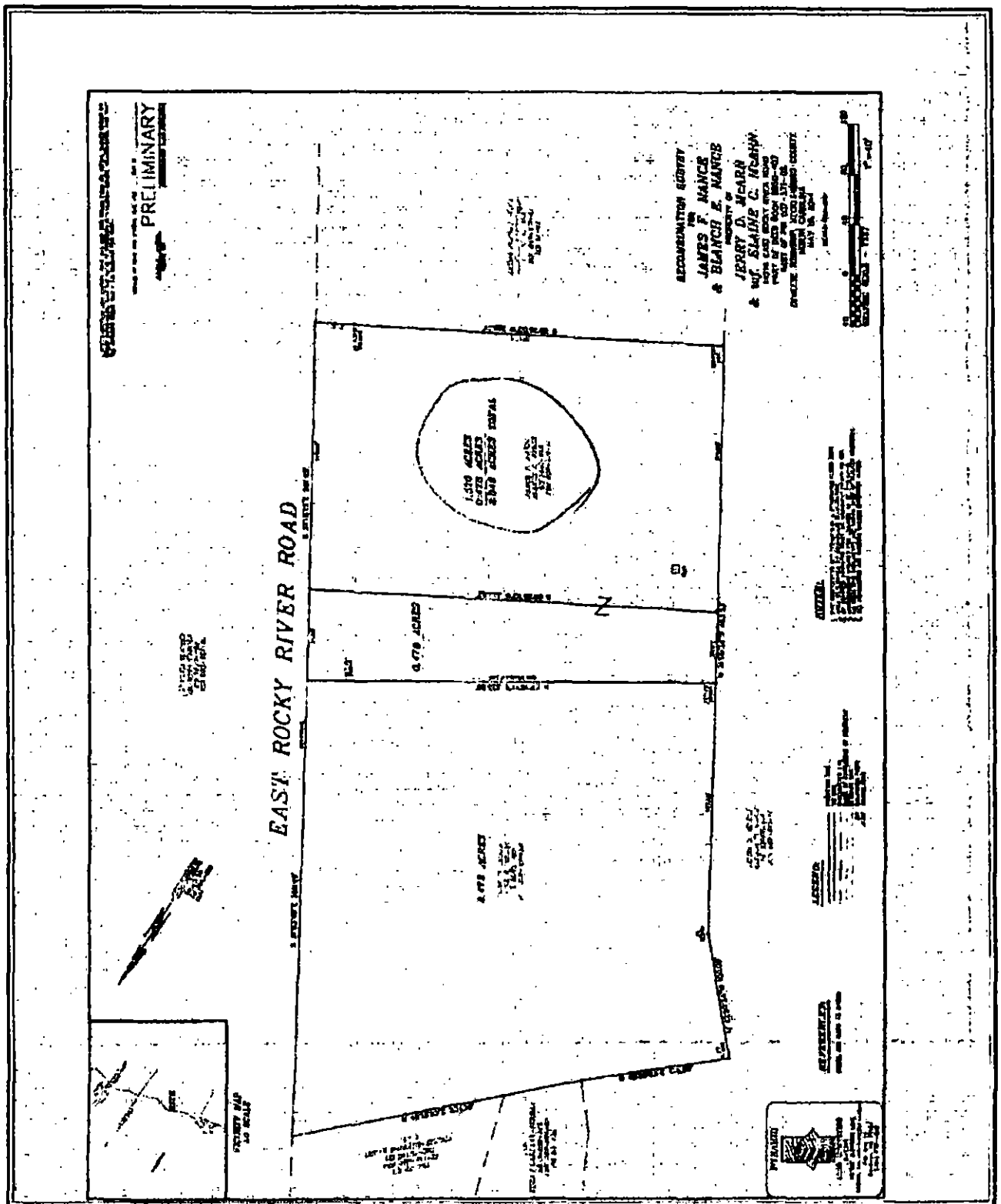
Breakdown			Subtotals
First Floor			
2.1	x	27.6	59.58
27.6	x	40.1	1106.76

Net LIVABLE Area (rounded) 1156 2 items (rounded) 1156

Survey

File No. 1405291D
Loan # 387-2148660

Borrower Joseph and Crystal Russell
Property Address 14216 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive Suite 200, Charlotte, NC 28210



Rowan Septic Tank & Ditching Co., Inc.
7321 Old Mocksville Rd.
Salisbury, NC 28144-1263
704-633-2412*800-649-3014

No representation, warranties or opinions are hereby given, written or expressed otherwise as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 14216 E. Rocky River Rd.
Street
DAVIDSON NC
City St Zip

Current owner of Record BLANCHE NANCE

Inspection requested by: Owner of record :
Other Name : DEBBIE BENFIELD
Company : WACHOVIA REALTORS of HICKORY
Phone : 828 217 1983

Date of Inspection 5-29-14
Copy of Operations permit from _____ County Environmental Health attached.
____ Operations permit not available
Type of water supply ✓ Well ____ Public Water ____ Community Water

Location of septic tank and septic tank details:
12 FT from house or structure
1004 FT from well if applicable
____ FT from water line if applicable
____ FT from property line
15" approximate distance from surface to top of tank
Access riser(s) ____ YES ✓ NO Describe _____
Tank lids intact ✓ YES ____ NO
Tank has baffle wall ✓ YES ____ NO
Inflow to tank is noted as sufficient ✓ YES ____ NO
Inflow to tank is noted as insufficient or blocked ____ YES ____ NO
Outlet has filter ____ YES ✓ NO
Outlet T is present ✓ YES ____ NO
Effluent leaves the outlet ✓ YES ____ NO
Roots present in tank ____ YES ✓ NO
Evidence of infiltration into tank of surface water ____ YES ✓ NO
Evidence of tank leakage noted ____ YES ✓ NO
____ Unable to locate tank. System inspection can not be completed until tank is located.

Date tank was last pumped 5-29-14 Unknown ____
Percentage of sludge detected in tank 40 %
Customer requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped.

Does System have pump tank? ___YES (complete blanks below) ___NO
___FT from house to structure
___FT from well if applicable
___FT from water line if applicable
___FT from property line
___Approximate distance from surface to top of tank
Access risers in place ___YES ___NO
___FT from septic tank
Location of control panel _____
Electrical connections are in place and properly grounded ___YES ___NO
Alarm working ___YES ___NO
Pump working ___YES ___NO
Dosing volume correct ___YES ___NO
___Unable to operate pump due to lack of electricity at site at time of inspection.

System requires a subsurface operator ___YES ✓NO
If yes, Operator Name:_____ Phone_____
Copy of most recent operator report attached.

Drainfield details:
8 / FT from well
___FT from property line
3 FT from septic/pump tank
2 # of lines located
200/TOTG/length of lines

Type of system: ✓Conventional ___Accepted ___Innovative ___Experimental
___ Controlled Demonstration

___Pretreatment: Type of pretreatment_____
Brief description of system type _____
Evidence of past or current surfacing at time of inspection ___YES ✓NO
If yes, briefly describe _____

Large trees or other vegetation noted over drain field area ___YES ✓NO
If yes, briefly describe _____

Evidence of traffic over drain field ___YES ✓NO
If yes, briefly describe _____

Other pertinent facts noted during inspection: _____

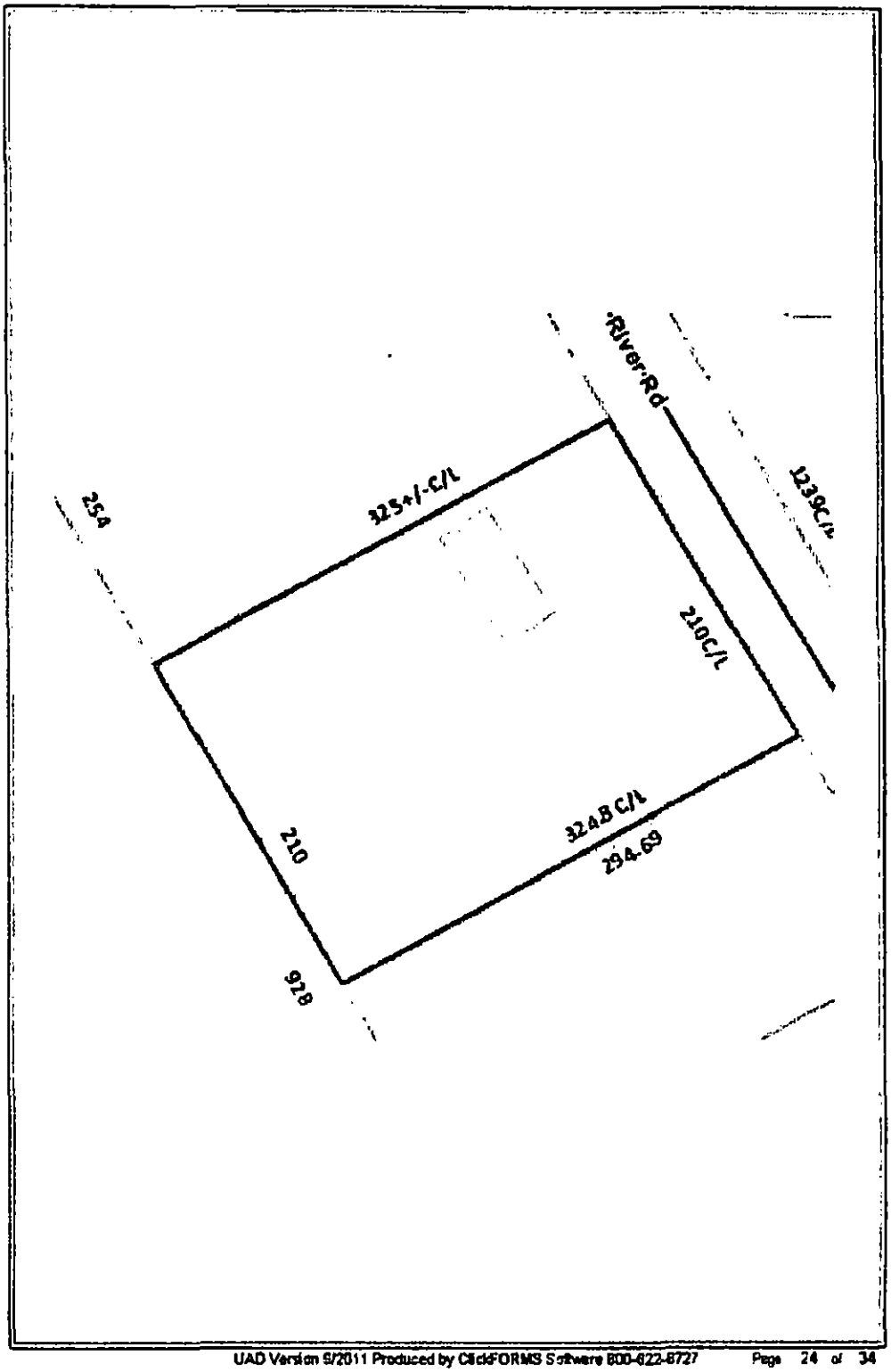
Inspector Name: GEORGE KIRKPATRICK Certification # 11031
Address 7321 OLD MOCKSVILLE RD SALISBURY NC 28144
Phone 704 633 2442

Inspector Signature : George Kirkpatrick Date 5/29/14

Greencastle Real Estate Services
PLAT MAP

File No. 1405291D
Loan # 367-2148660

Borrower Joseph and Crystal Russell
Property Address 14216 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive Suite 200, Charlotte, NC 28210



DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Joseph Scott Russell
ADDRESS: 14216 E Rocky River Rd
PROPOSED FACILITY: SFD
LOCATION OF SITE:
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE
DATE EVALUATED: 8/27/14
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 2 acres
PROPERTY RECORDED:
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-48	clay/SaCl	firm/SaCl	>48" to Soil wetness	>48"		N/A	.3
2	LS	0-48	clay/SaCl	firm/SaCl	>48" to Soil wetness	>48"		N/A	.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	IIIg	
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: JMichelone, KGarrett
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

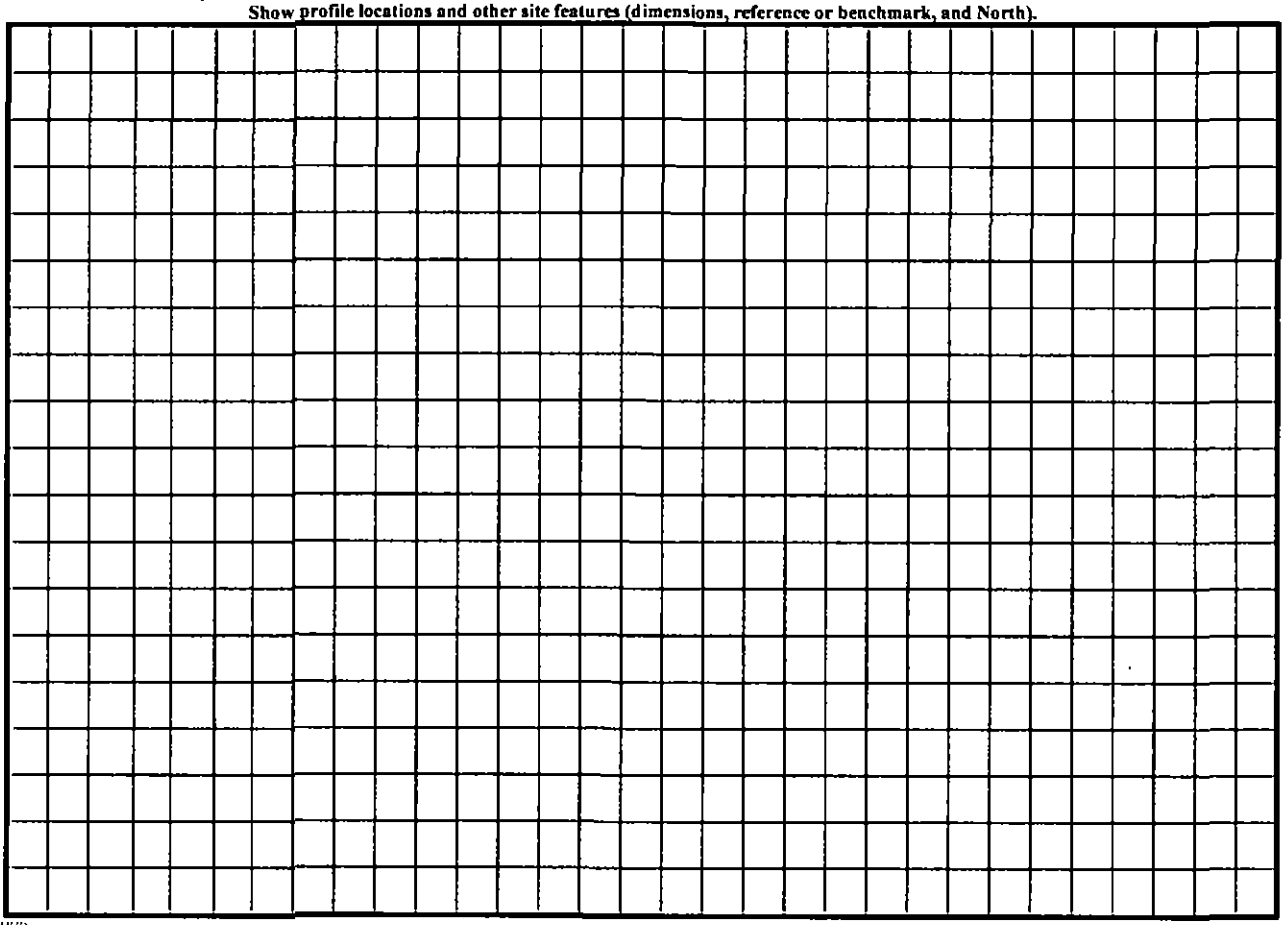
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (#######)

Review (######)

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

August 26, 2014

Joseph Russell
14216 East Rocky River Rd
Davidson, NC 28036

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: **14216 East Rocky River Road**
Health Department File Number: **9006B**

Dear Property Owner or Owner's Agent:

On August 22, 2014 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated August 15, 2014, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Kim Garrett, REHS
Environmental Specialist

Encl: (1) Application

9006 B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7006

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Joseph Scott Russell
ADDRESS: 14216 East Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 828-228-4045
ALTERNATE PHONE: 828-448-9421
E-MAIL: scrussell1626@gmail.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 00727112
STREET ADDRESS: 14216 East Rocky River Rd.
CITY: Davidson
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☒ BEDROOM ☒ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☒ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

"The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Joseph Scott Russell — Owner's/Agent's Signature
8/15/2014 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6894

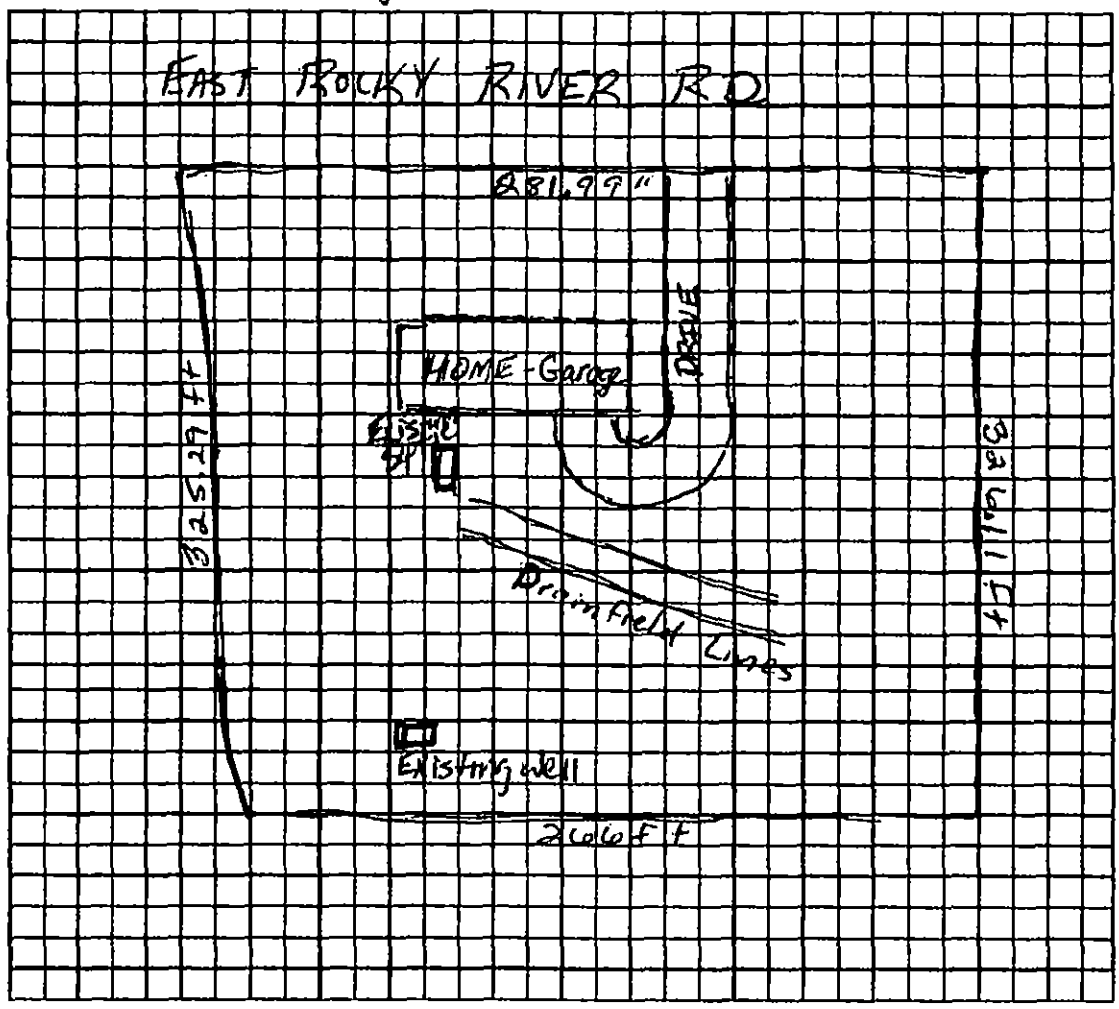
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14216 East Rocky River Rd. Tax Parcel #: 00727112



"The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Use existing system
denied due to addition of bedroom.
Kim Hamelo 8/25/14
REHS Signature Date

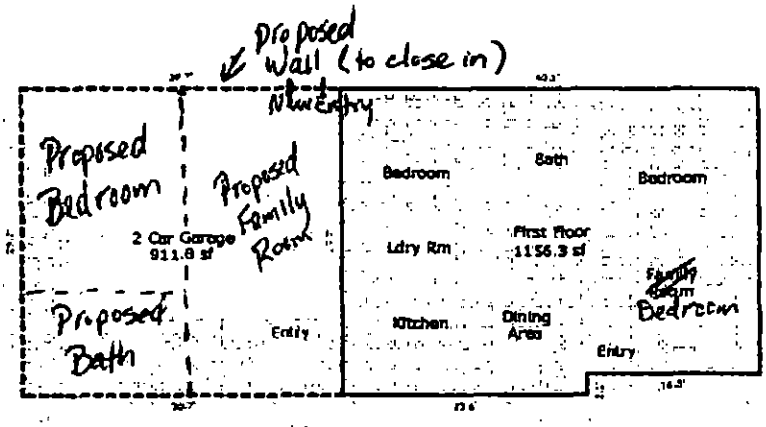
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6894

Revised on: 01/03/11

Greencastle Real Estate Services
SKETCH ADDENDUM

File No. 1405291D
Loan # 387-2148660

Borrower Joseph and Crystal Russell
Property Address 14216 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive Suite 200, Charlotte, NC 28210



Comments

AREA CALCULATIONS SUMMARY

Code	Description	Net Size	Net Totals
GLA1	First Floor	1156.32	1156.32
GA2	Garage	911.79	911.79
Net LIVABLE Area		(rounded)	1156

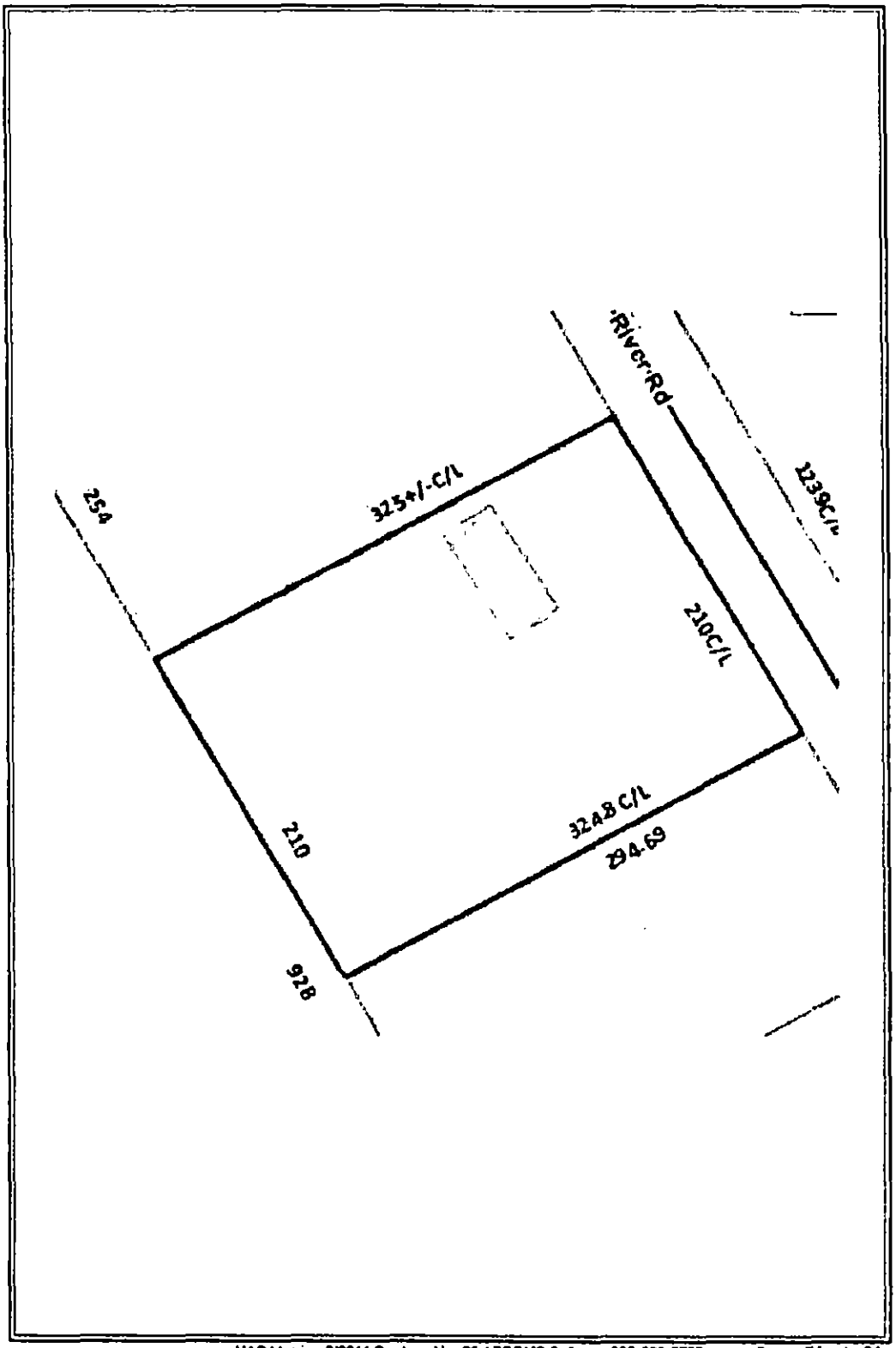
LIVING AREA BREAKDOWN

Breakdown			Subtotals
First Floor			
2.1	x	23.6	49.56
27.6	x	40.1	1106.76
2 items		(rounded)	1156

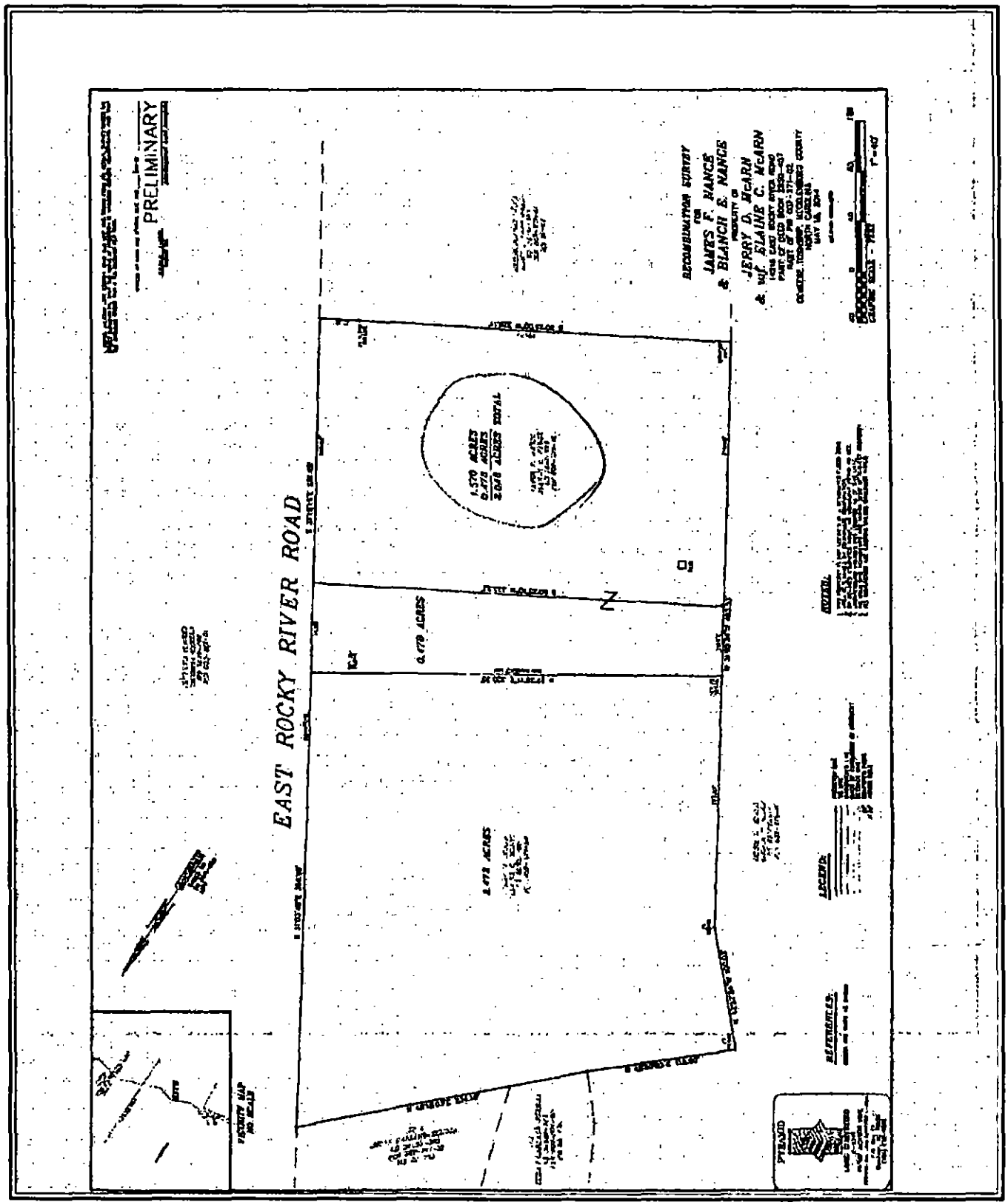
Greencastle Real Estate Services
PLAT MAP

File No. 1405291D
Loan # 387-2148660

Borrower Joseph and Crystal Russell
Property Address 14216 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive Suite 200, Charlotte, NC 28210



Borrower Joseph and Crystal Russell
Property Address 14216 E Rocky River Rd
City Davidson County Mecklenburg State NC Zip Code 28036-9737
Lender/Client Wyndham Capital Mortgage Address 6115 Park South Drive Suite 200, Charlotte, NC 28210



Rowan Septic Tank & Ditching Co., Inc.
7321 Old Mocksville Rd.
Salisbury, NC 28144-1263
704-633-2412*800-649-3014

No representation, warranties or opinions are hereby given, written or expressed otherwise as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 14216 E. Rocky River Rd.
Street
DAVIDSON NC
City St Zip

Current owner of Record BLANCHE NANCE

Inspection requested by: Owner of record :
Other Name : DEBBIE BENFIELD
Company : WEICHERT REALTORS of HICKORY
Phone : 828 217 1983

Date of Inspection 5-29-14
Copy of Operations permit from _____ County Environmental Health attached.
_____ Operations permit not available
Type of water supply ✓ Well _____ Public Water _____ Community Water

Location of septic tank and septic tank details:
12 FT from house or structure
1004 FT from well if applicable
_____ FT from water line if applicable
_____ FT from property line
15" approximate distance from surface to top of tank
Access riser(s) _____ YES ✓ NO Describe _____
Tank lids intact ✓ YES _____ NO
Tank has baffle wall ✓ YES _____ NO
Inflow to tank is noted as sufficient ✓ YES _____ NO
Inflow to tank is noted as insufficient or blocked _____ YES _____ NO
Outlet has filter _____ YES ✓ NO
Outlet T is present ✓ YES _____ NO
Effluent leaves the outlet ✓ YES _____ NO
Roots present in tank _____ YES ✓ NO
Evidence of infiltration into tank of surface water _____ YES ✓ NO
Evidence of tank leakage noted _____ YES ✓ NO
_____ Unable to locate tank. System inspection can not be completed until tank is located.

Date tank was last pumped 5-29-14 Unknown _____
Percentage of sludge detected in tank 40 %
Customer requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped.

Does System have pump tank? ___YES (complete blanks below) ___NO
___FT from house to structure
___FT from well if applicable
___FT from water line if applicable
___FT from property line
___Approximate distance from surface to top of tank
Access risers in place ___YES ___NO
___FT from septic tank
Location of control panel _____
Electrical connections are in place and properly grounded ___YES ___NO
Alarm working ___YES ___NO
Pump working ___YES ___NO
Dosing volume correct ___YES ___NO
___Unable to operate pump due to lack of electricity at site at time of inspection.

System requires a subsurface operator ___YES ___NO
If yes, Operator Name:_____ Phone_____
Copy of most recent operator report attached.

Drainfield details:
81 FT from well
___FT from property line
3 FT from septic/pump tank
2 # of lines located
2.00'/079' length of lines

Type of system: ___Conventional ___Accepted ___Innovative ___Experimental
___Controlled Demonstration

___Pretreatment: Type of pretreatment_____
Brief description of system type _____
Evidence of past or current surfacing at time of inspection ___YES ___NO
If yes, briefly describe _____
_____

Large trees or other vegetation noted over drain field area ___YES ___NO
If yes, briefly describe_____

Evidence of traffic over drain field ___YES ___NO
If yes, briefly describe _____

Other pertinent facts noted during inspection: _____
_____
_____

Inspector Name: GEORGE KIRKPATRICK Certification # 11031
Address 7321 OLD MOCKSVILLE RD SALISBURY NC 28144
Phone 7046333242

Inspector Signature: George Kirkpatrick Date 5/29/14